

WELDER QUALIFICATION TEST REQUEST

Cost Center:	Prg Code:	Cst Acct:	Wrk Pkg:	WO #:
WQT or BQT No.		Applicable WPS or BPS (if known):		
Code/Applicability: <input type="checkbox"/> ASME <input type="checkbox"/> AWS D1.1 <input type="checkbox"/> AWS D9.1 <input type="checkbox"/> API-1104 Other:				
This test is: <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Upgrade <input type="checkbox"/> Requalification				
Welding or Brazing Process:		1.	2.	
Phone:		Pager/Cell:		
LANL/SSS Manager:		Printed Name	Signature	Date:
Subcontractor Company Name:				
Authorizing Manager:		Printed Name	Signature	Date:

By signing the welder test request we agree to participate/follow the requirements of the LANL Welding Program as delineated in Chapter 13 - Welding, of the LANL Engineering Standards Manual. Each employer is responsible for providing welding services in full compliance with applicable code, contract, technical specifications, design drawings, and all other specified design documents.

Welder Information

Name:	Z number:	
Employer:	Craft:	LANL Organization:
Requested Test Date:	Alternate Test Date:	
Welder/Brazer Signature:		

To be Completed by the LANL FWO WPA / Test Supervisor

Date Welder Reported for Test:	Time:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Verbal instructions given on general and specific safety practices.			
Verbal instructions given on general housekeeping practices.			
Verbal instructions given on test and equipment setup.			
Visual aids and demonstration provided for special processes.			
Practice time allotted (not to exceed 1 hours).			
Evaluation of practice.			
Welder authorized to proceed with test.			

Type of Test and Results:	Test Code:
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Note: see page 2 for Qualification Evaluation Work Sheet

WELDER QUALIFICATION EVALUATION WORK SHEET

Check boxes with priority 1 – 5

APPLICATIONS:

Piping <input type="checkbox"/>	Structural <input type="checkbox"/>	Equipment <input type="checkbox"/>	Test Apparatus <input type="checkbox"/>
Process <input type="checkbox"/>	Static <input type="checkbox"/>	Process <input type="checkbox"/>	Experimental <input type="checkbox"/>
Pressure <input type="checkbox"/>	Dynamic <input type="checkbox"/>	Mat. Hand <input type="checkbox"/>	Fabrication <input type="checkbox"/>
Vacuum <input type="checkbox"/>	Tubular <input type="checkbox"/>	Stands <input type="checkbox"/>	
Jig & Fixture <input type="checkbox"/>	Other: _____		
Tooling <input type="checkbox"/>			
Equipment <input type="checkbox"/>			

WELDING PROCESSES:

TB <input type="checkbox"/>	GMAW <input type="checkbox"/>	GTAW <input type="checkbox"/>	SMAW <input type="checkbox"/>	PAW <input type="checkbox"/>	OFW <input type="checkbox"/>	SAW <input type="checkbox"/>
GMAW-FC <input type="checkbox"/>	Manual <input type="checkbox"/>	Semi-Automatic <input type="checkbox"/>	Automatic <input type="checkbox"/>			

MATERIAL:

Steel <input type="checkbox"/>	Nickel Alloys <input type="checkbox"/>	HSLA Steel <input type="checkbox"/>	Stainless Steel <input type="checkbox"/>
Copper <input type="checkbox"/>	Alloy Steel <input type="checkbox"/>	Aluminum <input type="checkbox"/>	Other: _____

PRODUCTS:

Pipe: <input type="checkbox"/>	Plate <input type="checkbox"/>	Sheet <input type="checkbox"/>	Structural Steel <input type="checkbox"/>
Tube <input type="checkbox"/>	Other: _____		

POSITIONS:

Flat <input type="checkbox"/>	Horizontal <input type="checkbox"/>	<u>THICKNESS:</u>	
		Plate	Pipe
Vertical <input type="checkbox"/>	Overhead <input type="checkbox"/>	Minimum <input type="checkbox"/>	Minimum <input type="checkbox"/>
Pipe 2G <input type="checkbox"/>	5G <input type="checkbox"/>	Maximum <input type="checkbox"/>	Maximum <input type="checkbox"/>
6G <input type="checkbox"/>			

EXPERIENCE:

Years <input type="checkbox"/>	% of Time <input type="checkbox"/>	OJT <input type="checkbox"/>	<u>TRAINING:</u>
			LANL <input type="checkbox"/>
			Vo-Tech <input type="checkbox"/>

CONCLUSIONS:

Applicable Code:	AWS D1.1 <input type="checkbox"/>	ASME <input type="checkbox"/>	
	AWS D9.1 <input type="checkbox"/>	API-1104 <input type="checkbox"/>	Other: _____

Applicable WPS:	Applicable WQT #:
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Notes or Remarks: _____

Evaluation By	Date:
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